

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000080218	
1. Entity Name A & B DISCOUNT LUMBER & SUPPLY, INC.	

Principal Place of Business 203 E. BAY STREET WINTER GARDEN, FL 34787	Mailing Address P.O. BOX 458 OAKLAND, FL 34760
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1583880	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ASMA, WILLIAM
886 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787**

**DO NOT WRITE
IN THIS SPACE**

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, ANDREW SR. 273 AVALON ROAD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUARRELLS, LEON 6554 MERITMOOR CIRCLE ORLANDO, FL 32816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUARRELLS, DELORES 6554 MERITMOOR CIRCLE ORLANDO, FL 32816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, ALLIE M 273 AVALON ROAD WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000507955
04/27/06-80083-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Delores Quarrells Delores Quarrells 4/12/06 (407)877-0927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR